1			2				3a PAT. CNTL #			4 TYPE OF BILL
						l.	o. MED. REC. #			
							5 FED. TAX NO.	6 STATEMENT FROM	COVERS PERIOD THROUGH	7
8 PATIENT N	IAME a			9 PATIENT ADDR	ESS a					
ь	'			ь				С	d	е
10 BIRTHDAT	E 11 SE	X 12 DATE 1	MISSION 3 HR 14 TYPE 15 SRC	16 DHR 17 STAT 18	19 20 21	CONDITION CO	DDES 24 25	26 27 28	29 ACDT 30	
		12 DATE 1	3 HA 14 ITFE 13 SAC	16	19 20 21	22 23	24 25	20 21 20	STATE	
31 OCCU	IRRENCE 32	OCCURRENCE DATE	33 OCCURRENCE CODE DATE	34 OCCURRE	NCE 35	OCCURRENCE S	SPAN 36	OCCURREN	ICE SPAN	37
CODE	DATE C	ODE DATE	CODE DATE	CODE	DATE CODE	FROM	THROUGH CO	ODE FROM	THROUGH	
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38					39	VALUE CO	DDES 40	VALUE CODES	41 VA	LUE CODES
36					CC	DE AMOU	INT CODE	E AMOUNT	CODE	AMOUNT
					a					<u> </u>
					b					
					c					
					d		:			
42 REV. CD.	43 DESCRIPTION			44 HCPCS / RATE / I	HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVE	RED CHARGES 49
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3	PAGE	OF		CRE	ATION DATE		TOTALS		:	:
50 PAYER N	AME		51 HEALTH	PLAN ID	52 REL. 53 ASG. 54	PRIOR PAYMENTS	55 EST. AMOUN	NT DUE 56 NF	PI	
A								57		
В								ОТНЕ	R	
С								PRV	D	
58 INSURED	'S NAME		59 F	P.REL 60 INSURED'S UNIQ	UE ID	61	GROUP NAME	62 IN	SURANCE GROUP NO.	
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CO TOE IT	NIT AUTHOR:	U CODEC		04.000.00	CONTROL MILES			EMPLOYED NOTE.		
63 TREATMENT AUTHORIZATION CODES				64 DOCUMEN	64 DOCUMENT CONTROL NUMBER			65 EMPLOYER NAME		
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66 DX	7	A	В	C	D		F	G	68	1
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69 ADMIT		70 PATIENT	a h		71 PPS	72 ECI	2	h	73	
74 P	RINCIPAL PROCEDI	REASON DX JRE a.	OTHER PROCEDURE	b. OTHI	CODE ER PROCEDURE DATE	75	76 ATTENDING NPI		QUAL	
COD	DE [DAIE	DATE DATE	CODE	DATE	⊣ ⊩		•		
c.	OTHER PROCEDUE	RE d.	OTHER PROCEDURE	e. OTHI	EB PROCEDURE	■	LAST		FIRST	
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			1				LAST		FIRST	
80 REMARKS	3		81CC a				78 OTHER	1	QUAL	
			b				LAST		FIRST	
			С				79 OTHER NP	1	QUAL	
			d				LAST		FIRST	
UB-04 CMS-14	150	APPROVED ON	IB NO. 0938-0997					N THE REVERSE APPLY		MADE A PART HEREOF.